

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	11922-35832
	First Named Inventor	Donna M. LOMANGINO
	COMPLETE IF KNOWN	
	Application Number	To Be Determined
	Filing Date	Concurrently Herewith
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus for Facilitating Donations

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) Concurrently Herewith as United States Application Number or PCT International

Application Number To Be Determined and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		26702		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Jack D. Todd					
Address MORRIS, MANNING & MARTIN, LLP 6000 Fairview Road, Suite 1125					
City Charlotte		State NC		ZIP 28210	
Country US		Telephone 704-554-7070		Fax 704-556-9554	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Donna M.		Family Name or Surname LOMANGINO	
Inventor's Signature <i>Domangino</i>				Date 11-21-01	
Residence: City Arlington		State VA		Country US Citizenship US	
Mailing Address 1042 Wisconsin Avenue, N.W.					
City Washington		State DC		ZIP 20007 Country US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country Citizenship	
Mailing Address					
City		State		ZIP Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	TBD
Filing Date	Concurrently
First Named Inventor	Donna M. LOMANGINO
Title	Method & Apparatus for Facilitating Donations
Group Art Unit	
Examiner Name	
Attorney Docket Number	11922-35832

I hereby appoint:

☒ Practitioners at Customer Number

26702

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number
Jack D. TODD	44,375

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

26702

Place Customer
Number Bar Code
Label here

OR

☒ Firm or
Individual Name

Jack D. TODD

Address

MORRIS, MANNING & MARTIN, LLP

Address

6000 Fairview Road, Suite 1125

City

Charlotte

State

NC

Zip

28210

Country

US

Telephone

704-554-7070

Fax

704-556-9554

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Donna M. LOMANGINO

Signature

Donna M. Lomangino

Date

10-30-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR

Docket Number (Optional)
11922-35832

Applicant, Patentee, or Identifier: Donna M. LOMANGINO

Application or Patent No.: To Be Determined

Filed or Issued: Concurrently Herewith

Title: Method and Apparatus for Facilitating Donations

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Donna M. LOMANGINO
NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Donna M. Lomangino
Signature of Inventor

Signature of Inventor

Signature of Inventor

10/30/01
Date

Date

Date